



STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony Appropriations Committee February 23, 2022



To: Rep. Toni Walker, Chair
Sen. Catherine Osten, Chair
Sen. Craig Miner, Ranking Member
Rep. Mike France, Ranking Member
Distinguished Members of the Appropriations Committee

From: Vannessa Dorantes, Commissioner
Department of Children and Families

Re: Department of Children and Families Appropriations Hearing

Good morning Representative Walker, Senator Osten, Senator Miner, Representative France, and distinguished members of the Appropriations Committee. My name is Vannessa Dorantes, Commissioner of the Department of Children and Families (DCF). Thank you for the opportunity to testify in support of the Governor's recommended mid-term budget adjustments for the fiscal year ending June 30, 2023. The proposed adjustments will allow DCF to pivot our initiatives and resources to address the evolving needs of Connecticut's children.

With the resources recommended by the Governor, the agency will:

- adjust our efforts to mitigate the emerging behavioral health challenges exacerbated by the COVID-19 pandemic;
- continue to move federal Family First Prevention Services Act ("Family First," or FFPSA) initiatives forward; and
- expand upon programming that has been shown to result in positive outcomes for Connecticut's children and their families.

The last year has proven the Department's continued success in keeping children safely at home while navigating the ebb and flow of the pandemic. COVID-19 and its impacts presented unique challenges. DCF has risen to these challenges through investments in community-based care and prevention services that reduce involvement with DCF and decrease instances of congregate placement. We have accomplished this while preparing for the systemic change in child welfare services that the FFPSA will bring.

Connecticut is well placed to implement this shift in service approach. Previous investments in Family Assessment Response (FAR) and recent implementation of Integrated Family Care and Support (IFCS) and Voluntary Care Management (VCM) have allowed families to access services without the requirement that they have an open DCF case. As a result, we have seen families stabilize and thrive. This has allowed the agency to focus on fiscally efficient provision of services that yield better outcomes for families. This streamlined service delivery system has both prevented families from coming to the attention of the agency and allowed DCF to better serve those families with higher levels of need. The Governor's mid-term budget builds on this previous work as we await approval for Connecticut's Family First Prevention Plan.

State Budget Adjustments

The first group of budgetary changes relates to the Personal Services account. A \$500,000 reduction reflects reduced use of overtime, in line with recent experience. Additionally, 27 positions are transferred to the Department of Administrative Services (DAS) to reflect the consolidation of information technology functions. To facilitate DCF's ability to continue to claim federal reimbursement for the work performed by these employees, associated funding will remain with DCF.

Funding is also recommended to support a durational project manager tasked with designing and implementing a data reporting interface between DCF and the Division of Public Defender Services (PDS). The PDS will be able to participate in federal Title IV-E claiming activities, generating additional revenue to the State and the opportunity for enhanced legal representation in child protection cases. Finally, funding is provided to add a position to oversee DCF's activities related to the Medicaid substance use disorder (SUD) demonstration waiver. This position will be responsible for overseeing training and support activities related to child and adolescent substance use programming, a necessary function to meet the waiver's requirements. Additional revenue generated through the waiver is being reinvested amongst participating state agencies to strengthen the SUD service system. Recommended funding of \$500,000 under the Substance Abuse Treatment account will allow DCF to support training and certification activities to enable community-based providers to meet SUD waiver standards, enhancing substance use treatment services for the child and adolescent population.

Other proposed changes to DCF's administrative budget include the transfer of \$893,362 in Other Expenses funding for software licenses to DAS, consistent with the centralization of oversight of the Microsoft 365 statewide agreement, and the addition of \$4,738 to equip agency law enforcement employees with body cameras to comply with Public Act 20-1.

The Governor adds \$2,000,000 to allow DCF to implement a plan that shall include recommendations aimed at expanding Youth Service Bureaus' (YSBs) and Juvenile Review

Boards' (JRBs) coverage to all municipalities across Connecticut, enhancing their use of evidence-based practices, and building on existing YSB/JRB data collection systems. These activities will be informed by an ongoing landscape analysis of existing YSB/JRB resources, and a pilot program implementing evidence-based assessments within JRB programs.

The use of congregate care settings has steadily decreased over the past decade. The agency continues to strive to provide family-like placement for all children while reserving the use of congregate care for youth that require clinical settings that are time limited to treatment completion. This successful approach has created unused capacity in several congregate settings. Meanwhile, an emergent shortage in sub-acute psychiatric beds has been identified by our provider network. Based on the agency's analysis of congregate utilization trends, several programs have recently been scheduled for closure, due to ongoing low census. To address the need for sub-acute beds, the Governor proposes \$4,463,400 be utilized to implement a new 16-bed Sub-Acute Crisis Stabilization Unit that has been designed by DCF in consultation with the provider community and stakeholders. The Sub-Acute Unit will accept intakes referred by a children's Urgent Crisis Center (UCC) that is being implemented with Coronavirus State Fiscal Recovery Funds allocated to DCF in FY 2022. The UCC will accept intakes/referrals from Mobile Crisis teams, diverting children from emergency departments (EDs). Partnering this Sub-Acute Unit with the UCC will ensure that the UCC does not experience the delays now experienced by "stuck" children in the EDs. Sub-acute stays of 1-14 days will be supported.

The Governor recommends \$500,000 in increased funding for Child Abuse Centers for Excellence (CACE) to allow these programs to expand their capacity to provide expert medical consultation on cases of potential child maltreatment. These programs have experienced increased utilization over the past five years. CACE consultation results in fewer erroneous Careline reports through sharing expertise in diagnosing injuries suspected of being related to child abuse. Children of color are referred to DCF at a higher rate than white children presenting with the same injuries. The CACE improves equity and justice by promoting consistent medical practices being applied in cases involving all children.

An additional \$1,132,500 in three-quarter year funding (\$1,510,000 in FY 2024) is recommended under the Community Kidcare account to expand and implement prevention services identified in CT's Family First Prevention Plan. The FFPSA allows states to seek federal reimbursement for identified prevention services. Prior to enactment of this federal legislation, reimbursement was only available for services provided to children after removal from their homes and placement in foster care. Reimbursement will be sought for several evidenced-based prevention services that are either currently in the DCF service array or to be developed with this enhanced funding, and for related case management services that will be provided to families receiving these services. The cost of the service enhancements will be offset by approximately \$1.49 million in Title IV-E revenue in FY 2023 (\$1.74 million in FY 2024).

A reallocation of \$7,979,078 in existing funding to a new Community Care Coordination account reflects building upon the FAR, IFCS and VCM experience, and will allow for case management services in support of FFPSA implementation to be implemented at no net cost. Consolidation of care coordination now provided through the IFCS and VCM programs will allow the department to better address actual trends in service need. The current operation of two distinct programs has led to pockets of unused capacity being funded while another level of service has maintained waitlists. Both IFCS and VCM programs are designed to work with families to prevent the need for a DCF case to be opened. The ability to shift resources in a more fluid manner through a consolidated program model will provide a more efficient and effective service delivery system, while also establishing an infrastructure that allows for implementation of case management and service coordination required to implement federal revenue claiming for FFPSA-eligible services.

Savings of approximately \$15.1 million are reflected across caseload driven accounts. This reflects the number of children in various placement types trending below originally budgeted levels. Similarly, costs for child-specific individualized services are estimated to be lower than reflected in the adopted budget. This can be attributed to the skillful matching of families by the IFCS case managers to appropriate services funded via other resources; providing services in this manner empowers families to access these services in the future if needed, without a dependence or perceived association with DCF. Also contributing to the baseline savings are congregate site closures as discussed above.

Federal Coronavirus State Fiscal Recovery Funds (CSFRF)

In response to the growing children's behavioral health crisis in Connecticut, the Governor recommends that an additional \$38.7 million in CSFRF, authorized under the American Rescue Plan Act (ARPA), be allocated to DCF to build upon and enhance initiatives already underway. This supplements already approved CSFRF funding of \$10.5 million for children's mental health initiatives and \$10.2 million for Child First intensive in-home therapeutic intervention.

Existing resources allow for an expansion of three Mobile Crisis programs, each covering two DCF regions. \$6,600,000 in each of FY 2023 and FY 2024 is recommended to fully expand all six current children's Mobile Crisis programs to achieve 24/7 operation. The Governor's recommended allocation allows for full statewide 24/7 coverage to enable timely response for families. This will ensure that the Mobile Crisis network is well placed geographically to respond quickly and efficiently to families in need. \$2,000,000 in each of FY 2023 and FY 2024 is provided to add Mobile Crisis staff to develop training for and be a dedicated resource to school districts and local law enforcement.

\$500,000 is proposed to be allocated for costs of building an ambulatory entrance at the Urgent Crisis Center currently under development. This is critical to the ability of the program to accept

admissions from a dispatched emergency medical services unit, thereby diverting the patient from an emergency department.

Finally, \$21,000,000 is recommended to be allocated to establish three additional Urgent Crisis Centers and three additional Sub-Acute Crisis Stabilization Units across the state. This will allow DCF to continue the work now underway to address the issue of children who are "stuck" in EDs.

Conclusion

The agency is confident that the Governor's mid-term budget for fiscal year 2023 adequately meets the needs of DCF in service to Connecticut's children and families while allowing for investment in the resources necessary for responsiveness to the growing child behavioral health crisis. My staff and I thank the committee and welcome the opportunity to address your questions.